



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$57430575
Outpatient Patient Service Revenue	\$163978197
Total Gross Patient Service Revenue	\$221408772

2. Deductions From Revenue

Contractual Allowance	\$138434627
Other Deductions	\$3070711
Total Deductions	\$141505338

3. Total Operating Revenue

Net Patient Service Revenue	\$76414824
Other Operating Revenue	\$4652505
Total Operating Revenue	\$81067329

4. Operating Expenses

Salaries and Wages	\$11656251	Employee Benefits	\$2868724
Depreciation and Amortization	\$3448293	Interest Expense	\$0
Bad Debt	\$3488610	Other Expenses	\$23517510
Total Operating Expenses	\$44979388		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$39576550	Total Assets	\$74447783
Net Non-operating Gains over Loss	\$-120	Total Liabilities	\$25189335

Total Net Gains	\$39576430
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$71914547	\$59758302	\$12156245
Medicaid	\$31649795	\$25853632	\$5796163
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$117844430	\$55893404	\$61951026
Total	\$221408772	\$141505338	\$79903434

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$55510	\$-55510
Hospital Patients	\$0	\$170006	\$-170006
Community Education	\$0	\$64096	\$-64096

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	1362
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$4103439
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$714731	
HCI Payments	\$0		
Subtotal	\$0	\$714731	\$-714731
Medicaid Shortfalls	\$5700257	\$7965020	
Subtotal	\$5700257	\$8679751	\$-2979494
DSH Payments	\$0		
Subtotal	\$5700257	\$8679751	\$-2979494
Medicare Shortfalls	\$12141599	\$12525964	
Other Government Programs	\$0	\$0	
Total	\$17841856	\$21205715	\$-3363859

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$43527	\$-43527
Community Assessment	\$0	\$81937	\$-81937
Provision of Taxes	\$0	\$2452308	\$-2452308
Other Allocations	\$0	\$0	\$0

Comments

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